(1) PLACE OF BIRTH

County of Pickens

Township of Central

or

Inc. Town of Central

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18802

Registration District No. 928 Registered No. 1 13

(For use of Local Registrar)

(2) Full Name of Child Edward Monroe Cordell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Boy

(4) Twin or Triplet?

(5) Number in order of birth: 6

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: June 21, 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: Fred Custer Cordell

(9) PRESENT POSTOFFICE OF FATHER: Central S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Buncombe Co N.C.

(13) OCCUPATION: Cotton Mill Hand

(20) Number of children born to mother, including present birth: 6

MOTHER.

(14) NAME BEFORE MARRIAGE: Sarilla Lou Holder

(15) PRESENT POSTOFFICE OF MOTHER: Central S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Pickens Co N.C.

(19) OCCUPATION: House Wife

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 55 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Edward W Griffin

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Central N.C.

(Given name added from a supplemental report

.....

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 9 1923

(28) J. N. Bearden

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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